SUMMARY SHEET

(Change in Company's premium or rate	06-01-12				
	(1)	(2) Annual Premium	(3) Percent			
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>			
1.	Automobile Liability Private Passenger					
	Commercial					
2.	Automobile Physical Damage Private Passenger Commercial					
3.	Liability Other Than Auto	M-3/2-11/14/1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	-			
4.	Burglary and Theft	\$2,000	+12.5			
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire					
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail					
15.	Other					
	Line of Insurance					
Does fi	- · · · · · · · · · · · · · · · · · · ·	ritories) or certain classes? If so, specif				
Natio the In	nal Casualty Company is advising you	rates of an advisory organization, specification of our intent to adopt ISO that the commercial Property program. une 1, 2012.	Loss Cost and Rules revisions of			
* Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates.						
		<u>Nati</u>	onal Casualty Company Name of Company			
			n Weirich - State Filing lyst II Official - Title			

Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision	ì
effective 1/1/2012	

-	(1)	(2) Annual Premium	(3) Percent			
_	Coverage	Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
_	Commercial					
2	Automobile Physical Damag		_			
	Private Passenger		-			
	Commercial	***************************************				
3.	Liability Other Than Auto					
4.	Burglary and Theft	166900	-2.8			
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire					
10.	Extended Coverage					
11.	Inland Marine					
12.	Homeowners					
13.	Commercial Multi-Peril					
14.	Crop Hail		***************************************			
15.	Other					
	Life of Insurance	A STATE OF THE STA				
•	Does filing only apply to certain territory (territories) or certain					
	specify: No					
	<u></u>	· · · · · · · · · · · · · · · · · · ·				
	Brief description of filing. (If filing follows rates of an advisory Organization, specify					
	organization): Adopt ISO's loss costs and revise our LCMs					
	+A divide al A a a Q a divide al a a a a a a a a a a a a a a a a a a					
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new					
	rates.	ance Company				
		Sentry Select Insura	ne of Company			
		INdii	ie or company			
		0	fficial - Title			